



EJVES Extra Abstracts[☆]

Simultaneous Endovascular Treatment of a Ureteroiliac Fistula and Common Iliac Artery Occlusion

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We report an unusual case of simultaneous ureteroiliac fistula and common iliac artery occlusion, managed with an endovascular approach. A 69-year-old woman with ureteral transition cell carcinoma, who had a double J tube insertion for her left hydro-ureter for years, developed sudden onset of massive hematuria. CT scan showed a left common iliac artery-ureteric fistula and right common iliac artery occlusion. This was successfully treated with covered stents.

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Endovascular Repair of Infrarenal Abdominal Aorta Penetrating Atherosclerotic Ulcers: Review of our Experience

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Penetrating atherosclerotic ulcer (PAU) of infrarenal aorta is a rare but life-threatening entity affecting elderly patients with severe atherosclerotic disease, and potentially complicated with intramural hematoma, adventitial pseudoaneurysm or aortic rupture. Although open surgical repair is an effective therapeutic option,

endovascular treatment is emerging as an attractive alternative, especially in high-risk elderly patients.

We report our experience with four cases of endovascular stent-grafting of infrarenal aorta PAU. All patients presented with abdominal or lumbar pain, and two of them with shock. The diagnosis was based on CT scan and angiography that demonstrated infrarenal pseudoaneurysm in two and focal nonaneurysmal infrarenal aortic rupture in the other two patients, secondary to PAU. Endoluminal transfemoral stent-grafting was successfully delivered in all patients. One of them died 5 days after the intervention because of multiple organ failure. During a mean follow-up period of 24 months, no endoleak, aneurysm evolution or stent-graft failure were found in the remaining 3 patients.

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The Use of a Diseased Native Artery as Conduit in a Composite Lower Limb Bypass

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We describe the use of a diseased native superficial femoral artery as conduit in a 57-year-old diabetic female who presented with a mixed aetiology lower leg ulcer. She underwent a staged ilio-profunda and profunda to above knee popliteal bypass graft. Owing to the lack of a sufficient length of venous conduit, a segment of the diseased native superficial femoral artery was harvested and used as a conduit in a composite graft. A diseased native artery can be used as a conduit for bypass if a sufficient length of vein is not available at operation.

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